

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIAL SECURITY INSTITUTE PAC INC

ADDRESS (number and street) ▼

PO BOX 216

☐ Check if different than previously reported. (ACC)

THE PLAINS

VA

20198

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00542258

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Year-End Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

(d) 30-Day  
POST-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Georganna Hunter

Signature of Treasurer

Georganna Hunter

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIAL SECURITY INSTITUTE PAC INC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 03 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2013		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	32334.00	32334.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32334.00	32334.00
7. Total Disbursements (from Line 31) .....	25669.54	25669.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6664.46	6664.46
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SOCIAL SECURITY INSTITUTE PAC INC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	200.00	200.00
(ii) Unitemized .....	32134.00	32134.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	32334.00	32334.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	32334.00	32334.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32334.00	32334.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32334.00	32334.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	25669.54	25669.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25669.54	25669.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25669.54	25669.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25669.54	25669.54

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32334.00	32334.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32334.00	32334.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	25669.54	25669.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	25669.54	25669.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SOCIAL SECURITY INSTITUTE PAC INC**

Full Name (Last, First, Middle Initial)

**A. Robert Young**

Mailing Address 2364 Daladier Dr

City State Zip Code  
 Rancho Palos Verdes CA 90275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

Other

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2013

Transaction ID : SA11AI.4523

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIAL SECURITY INSTITUTE PAC INC**

Full Name (Last, First, Middle Initial)

**A. Allegiance Direct, LLC**

Mailing Address 421 East E Street

City	State	Zip Code
Purcellville	VA	20132

Purpose of Disbursement  
Direct Mail Fundraiser

003

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2013

**Transaction ID : SB21B.6060**

Amount of Each Disbursement this Period

1300.00
---------

Full Name (Last, First, Middle Initial)

**B. American Caging, Inc.**

Mailing Address 4850 Wright Road Ste 168

City	State	Zip Code
Stafford	TX	77477

Purpose of Disbursement  
Caging Fees

001

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2013

**Transaction ID : SB21B.6064**

Amount of Each Disbursement this Period

416.72
--------

Full Name (Last, First, Middle Initial)

**C. American Caging, Inc.**

Mailing Address 4850 Wright Road Ste 168

City	State	Zip Code
Stafford	TX	77477

Purpose of Disbursement  
Caging Fees

001

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2013

**Transaction ID : SB21B.6095**

Amount of Each Disbursement this Period

787.80
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2504.52

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.6060

This expenditure was made for promotion of the Social Security Institute PAC, its mission and to raise funds to support this mission. No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate. This activity did not 'expressly advocate the election or defeat of any Federal candidate'.

Form/Schedule:  
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SOCIAL SECURITY INSTITUTE PAC INC

750.00

3706.28

789.46

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.6068

This expenditure was made for promotion of the Social Security Institute PAC, its mission and to raise funds to support this mission. No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate. This activity did not 'expressly advocate the election or defeat of any Federal candidate'.

Form/Schedule: SB21B  
Transaction ID: SB21B.6070

This expenditure was made for promotion of the Social Security Institute PAC, its mission and to raise funds to support this mission. No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate. This activity did not 'expressly advocate the election or defeat of any Federal candidate'.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIAL SECURITY INSTITUTE PAC INC**

Full Name (Last, First, Middle Initial)

**A. Capital One Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2013

Mailing Address PO Box 152402

City	State	Zip Code
Irving	TX	75015

**Transaction ID : SB21B.6080**Purpose of Disbursement  
Bank Charges

001

Amount of Each Disbursement this Period

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

415.68

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Capital One Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2013

Mailing Address PO Box 152402

City	State	Zip Code
Irving	TX	75015

**Transaction ID : SB21B.6081**Purpose of Disbursement  
Bank Charges

001

Amount of Each Disbursement this Period

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

7.95

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Capital One Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2013

Mailing Address PO Box 152402

City	State	Zip Code
Irving	TX	75015

**Transaction ID : SB21B.6082**Purpose of Disbursement  
Bank Charges

001

Amount of Each Disbursement this Period

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

50.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

473.63

**TOTAL** This Period (last page this line number only)..... ►





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIAL SECURITY INSTITUTE PAC INC**

Full Name (Last, First, Middle Initial)

**A. Capital One Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2013

Mailing Address PO Box 152402

City	State	Zip Code
Irving	TX	75015

**Transaction ID : SB21B.6089**Purpose of Disbursement  
Bank Charges

001

Amount of Each Disbursement this Period

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

7.95
------

Full Name (Last, First, Middle Initial)

**B. Capital One Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2013

Mailing Address PO Box 152402

City	State	Zip Code
Irving	TX	75015

**Transaction ID : SB21B.6090**Purpose of Disbursement  
Bank Charges

001

Amount of Each Disbursement this Period

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

50.00
-------

Full Name (Last, First, Middle Initial)

**C. Capital One Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2013

Mailing Address PO Box 152402

City	State	Zip Code
Irving	TX	75015

**Transaction ID : SB21B.6091**Purpose of Disbursement  
Bank Charges

001

Amount of Each Disbursement this Period

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

4.23
------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

62.18

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIAL SECURITY INSTITUTE PAC INC**

Full Name (Last, First, Middle Initial)

**A. Capital One Bank**

Mailing Address PO Box 152402

City	State	Zip Code
Irving	TX	75015

 Purpose of Disbursement  
 Bank Charges

001

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**

 Category/  
 Type

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2013

Transaction ID : SB21B.6092

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**B. Capital One Bank**

Mailing Address PO Box 152402

City	State	Zip Code
Irving	TX	75015

 Purpose of Disbursement  
 Bank Charges

001

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**

 Category/  
 Type

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : SB21B.6093

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**C. Capital One Bank**

Mailing Address PO Box 152402

City	State	Zip Code
Irving	TX	75015

 Purpose of Disbursement  
 Bank Charges

001

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**

 Category/  
 Type

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2013

Transaction ID : SB21B.6094

Amount of Each Disbursement this Period

26.86
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.86
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SOCIAL SECURITY INSTITUTE PAC INC**

Full Name (Last, First, Middle Initial)

**A. Infocision**

Mailing Address 325 Springside Drive

City Akron	State OH	Zip Code 44333
---------------	-------------	-------------------

Purpose of Disbursement  
Telemarketing Fundraiser

003

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

**Transaction ID : SB21B.6062**

Amount of Each Disbursement this Period

8810.20
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Full Name (Last, First, Middle Initial)

**B. Infocision**

Mailing Address 325 Springside Drive

City Akron	State OH	Zip Code 44333
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Purpose of Disbursement  
Telemarketing Fundraiser

003

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2013

**Transaction ID : SB21B.6075**

Amount of Each Disbursement this Period

4765.10
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Full Name (Last, First, Middle Initial)

**C. Tri-State Envelope**

Mailing Address 6900 Faigle Road

City Beltsville	State MD	Zip Code 20705
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Purpose of Disbursement  
Direct Mail Fundraiser

003

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

**Transaction ID : SB21B.6073**

Amount of Each Disbursement this Period

1192.02
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14767.32

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.6062

This expenditure was made for promotion of the Social Security Institute PAC, its mission and to raise funds to support this mission. No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate. This activity did not 'expressly advocate the election or defeat of any Federal candidate'.

Form/Schedule: SB21B  
Transaction ID: SB21B.6075

This expenditure was made for promotion of the Social Security Institute PAC, its mission and to raise funds to support this mission. No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate. This activity did not 'expressly advocate the election or defeat of any Federal candidate'.

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.6073

This expenditure was made for promotion of the Social Security Institute PAC, its mission and to raise funds to support this mission. No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate. This activity did not 'expressly advocate the election or defeat of any Federal candidate'.

Form/Schedule:  
Transaction ID:

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SOCIAL SECURITY INSTITUTE PAC INC**

Full Name (Last, First, Middle Initial)

**A. Valley Press**

Mailing Address 17 Warren Rd Ste 25A

City Pikesville      State MD      Zip Code 21208

Purpose of Disbursement  
Direct Mail Fundraiser

003

Candidate Name

**SOCIAL SECURITY INSTITUTE PAC INC**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      25      2013
**Transaction ID : SB21B.6071**

Amount of Each Disbursement this Period

1961.26

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1961.26

25565.68

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.6071

This expenditure was made for promotion of the Social Security Institute PAC, its mission and to raise funds to support this mission. No portion of this expenditure was made on behalf of, or in opposition to, any specifically identified Federal candidate. This activity did not 'expressly advocate the election or defeat of any Federal candidate'.

Form/Schedule:  
Transaction ID: